

a thick edged lenticular flange as is well known in the art.

In the embodiment illustrated in FIGS. 7 and 8, lens 90 has a body 91 of a refractive material on which are formed anterior surface 92 and a posterior surface 93. Posterior surface 93 has three zones, a central zone 94, an intermediate zone 95 and a peripheral zone 96. Anterior surface 92 also has a central zone 97, the chord diameter of which substantially equals the chord diameter 98 of posterior central zone 94. The chord diameter 98 and spherical radius of curvature of posterior central zone 94 and the asphericity of intermediate zone 95 are determined as described with respect to corresponding elements of the embodiments of FIGS. 1 and 2. The structure and function of peripheral zone 96 corresponds to that of peripheral zone 40 of lens 20 illustrated in FIGS. 1 and 2. A round segment, or wafer, 99 made of a higher index of refraction material is embedded, or fused, in the lower index of refraction material of lens body 91. Segment 99 is positioned so that it is in the center of zones 94, 97, or so that the optical axis 56 of the patient's eye 22 passes through the center of segment 99 when lens 90 is centered on cornea 25. The optical characteristics of wafer 99, in conjunction with the spherical radii of curvature of zones 94 and 97, provides the proper power factor for near vision. The chord diameter of segment 99 is chosen so that it is significantly smaller than the chord diameter of pupil 26 under normal reading illumination but is limited to a range between a minimum of 2.5 mm and a maximum of 3.5 mm. The spherical radii of curvature of zones 94 and 97 in the paracentral region 100 provides the proper optical power factor to provide substantially normal distance vision. The radius of curvature of anterior surface 92 lying outside central zone 97 will generally have the same radius of curvature as central zone 97.

In the embodiment illustrated in FIGS. 9 and 10, lens 105 has a body 106, an anterior surface 107 and a posterior surface 108. Posterior surface 108 has three zones, a central zone 109, an intermediate zone 110 and a peripheral zone 111. Anterior surface 107 also has a central zone 112, the chord diameter of which substantially equals the chord diameter 113 of posterior central zone 109. Posterior central zone 109 is divided into two regions, a central region 116 and a paracentral region 117. The chord diameter of central region 116 is approximately three-quarters of the chord diameter of pupil 26 when measured under a dim, or a lower level of intensity light, but is limited to a range between a minimum of 3.0 mm and a maximum of 6.0 mm. The structure and function of intermediate zone 110 and peripheral zone 111 corresponds to that of intermediate zone 80, peripheral zone 81, respectively, of lens 75, except that peripheral zone 111 may be provided with a pair of adjacent spherical surfaces 114 and 115, with the radius of curvature of surface 115 being greater than that of 114.

Utilizing the calculated radius of curvature of central region 116, the radius of curvature of the outer edge of paracentral region 117 is calculated in accordance with the previously described formula,

$$F = \frac{n' - n}{r}$$

The inner edge of paracentral region 117 has substantially the same radius of curvature as central region 116. The radius of curvature of paracentral region 117 is an integrated curve extending between the inner and outer edges. Resultingly, the paracentral region 117 is an

aspheric surface, the radius of curvature of which changes continuously from that of the central region at the boundary between the two regions to a radius of curvature necessary in conjunction with the radius of curvature of the anterior central zone 112 to provide the near point full add power to provide the patient with corrected vision from near to distant, and for all distances between, or a multifocal lens for the presbyope patient. The spherical radius of curvature of anterior central zone 112 and that of the posterior central region 116 provides the proper power factor to provide the patient with substantially normal distance vision. The radius of curvature of anterior surface 107 lying outside of central zone 112 will generally be the same as that of central zone 112.

When aspheric lens of this invention is applied, or worn by the patient, the central zone of the patient's cornea becomes more spherical; the inner portion of the intermediate zone of the cornea becomes more spherical and the outer part of the intermediate zone and the near periphery zone assume a specific aspheric shape. The relationship between the central, intermediate and peripheral zones of a cornea are substantially similar to those of the zones of the same name of the posterior surface of a lens. The measured radius of curvature of the inner portion of the intermediate zone of the cornea and its central zone on the nasal and temporal half meridians, for example, become substantially the same with that radius being an average of the nasal and temporal curves measured in the near periphery zone of the cornea prior to lens application. The radius of curvature of the inner portion of the intermediate zone of the cornea and its central zone measured on inferior and superior half meridians will also become substantially the same with the radius being the average of the superior and inferior curve measured in the near periphery zones prior to lens application. However, the near peripheral and outer portion of the intermediate zone of the cornea measured on any meridian will have a greater radius of curvature than the inner intermediate area of the cornea on the same meridian.

The shape of the cornea, as described above, is much more ideal for the long term wearer of contact lenses because it aids in centering a contact lens on a cornea. At the same time, lenses of this invention will permit adequate movement for proper fluid exchange which significantly reduces the risk of corneas becoming edematous, even if nonoxygen permeable materials are used in fabricating the lenses, while providing the patients with properly corrected distant, bifocal or multifocal vision.

It should be evident that various modifications can be made to the described embodiments without departing from the scope of the present invention.

What is claimed is:

1. A corneal contact lens for correcting the vision of an eye of a patient, said lens comprising:

a lens body made of a refractive material, said body having an anterior surface and a posterior surface, said posterior surface having a central zone, an intermediate zone, and a peripheral zone, said anterior surface having a central zone corresponding to the central zone of the posterior zone, the portion of the lens body defined by the posterior and anterior central zones substantially defining the optically effective portion of the lens for correcting the vision of the wearer;